

Sole Source Certification Request

Project Title:			Stimulus (ARRA) Funds? Yes__ No __		
Customer Contact Information					
Agency/Institution: Address:			Contact Person: Phone: Fax: Email Address:		
SAAS Codes (only required from state agencies) Provider Code: Agency Code:			Division/Dept: Handmail: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Summary					
Narrative Description of Project					
ITS Acquisition Approval (CP-1) should be effective through this date: (Please allow time for all vendor invoices to be paid)					
Cost Estimates	Initial Costs	Ongoing Costs	Time Constraints Item Needed by: Funds Expire:		
<i>Fiscal Year</i>					
Total					
Discuss Funding (e.g. how much of needed funding is definite; total project budget; any matching or other non state funds)					
Anticipated Lifecycle of Products/System (i.e. estimate years effective use)					
Acquisition Details					
Items Requested:					
Name	Quantity	Description	Building Location(s)		
Describe platform & infrastructure (connectivity; software/hardware platforms; utilization of State Data Center resources: mainframe, eGovernment portal, payment engine, document management, hosting). For equipment or hosting outside the State Data Center, attach justification:					
Progress to Date: What has been done related to this project, including any communication with ITS staff (data/voice/procurement/other)?					
Sole Source Certification Note: Certification must be renewed for revisions to previous Sole Source Approvals.					
Specific business requirements to be met by the requested products or services:					
Other products/vendors research or evaluated:					
Unique features (i.e. special functionality) of the requested product(s) or vendor:					
Vendor's Certification of Sole Source attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			Vendor's proposal attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SAAS Vendor Code(s) Vendor must be in SAAS before a CP-1 can be issued.					
Place Order To Vendor Name: Vendor Address:			Remit To Vendor Name: Vendor Address:		

By my signature, I certify that, to the best of my professional knowledge: (1) the requested product or services perform a significant function or provide a service for which no other product or source of services exists; (2) my agency/institution has a business need for these unique functions of services; and (3) there are no other parties who could provide the product or services. In addition, I acknowledge that there is a charge for ITS procurement services associated with this request which will be billed to the requestor by ITS and that my agency/institution is responsible for these charges/costs.

Name (Agency Head or Institution CIO)/ Title

Signature

Date